



Criminal History Check Consent Form

Required of all candidates for "covered positions" (Staff and AmeriCorps positions on grant budget)

Applicant's current legal name (as shown on government issued photo ID) is:

FIRST NAME,

MIDDLE INITIAL,

LAST NAME

Current address at the time of application:

City: _____ State: _____ Zip: _____

Please identify your state of residence: _____

Are you currently enrolled full-time as a student at a college or university? _____ **Yes** _____ **No**

If **YES**, what is the name of your college or university? _____

Verification of Identity (To be completed by Program Staff/Representative Only)

☐ I attest that **before any other steps** in this applicant's Criminal History Check, I have examined the applicant's government-issued photo identification, and do hereby confirm their identity and that the "current legal name" printed above is exactly as it appears on this ID.

☐ A photocopy of this candidate's government-issued photo ID (driver's license or passport preferred) has been placed in their paper file.

Or
print
legibly:

ID Type (driver's license or passport): _____

ID Number: _____

Expiration Date: _____

Printed Name & Signature of Authorized Program
Staff/Representative:

Date of Staff/ Representative Signature:

Applicant Consent:

I (print name): _____ hereby authorize the AmeriCorps Program and its affiliates to conduct criminal history checks on me.

- I understand that selection into any program/hiring by the program is contingent upon a review of my criminal background to determine my eligibility for any program/hiring.
- I understand that I will be given an opportunity to review and challenge the factual accuracy of a result before action is taken to exclude me from any program or from a grant-funded staff position.



- I understand that any information relating to criminal history checks will be kept confidential and will only be shared with the program staff, service site personnel, Serve Indiana, Corporation for National & Community Service staff, or auditors.
- I understand that I am ineligible to serve in a position for the following reasons:
 - I refuse to consent to the *Criminal History Check Consent Form*
 - I am registered, or required to be registered, as a sex offender
 - I have been convicted of murder
 - I make a false statement in connection with the inquiry concerning my criminal history
- I understand that based upon particular aspects of an AmeriCorps Member or staff member's role, other convictions may be taken into consideration when determining if an applicant is disqualified from participation.

Applicant's Signature: _____ Signing Date: _____